

County: Brown
 RENNES HEALTH CENTER - DE PERE
 P.O. BOX 5365

Facility ID: 7840

Page 1

DE PERE 54115 Phone:(920) 336-5680
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 102
 Total Licensed Bed Capacity (12/31/02): 102
 Number of Residents on 12/31/02: 101

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 99

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		42.6
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		42.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.0	More Than 4 Years		14.9
Day Services	No	Mental Illness (Org./Psy)	30.7	65 - 74	5.9			-----
Respite Care	No	Mental Illness (Other)	3.0	75 - 84	33.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	12.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.9		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.8	65 & Over	98.0	-----		
Transportation	No	Cerebrovascular	13.9		-----	RNs		12.5
Referral Service	No	Diabetes	2.0	Sex	%	LPNs		4.5
Other Services	No	Respiratory	4.0	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.8	Male	24.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	291	40	100.0	117	0	0.0	0	53	98.1	178	0	0.0	0	0	0.0	0	100	99.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	1	1.9	178	0	0.0	0	0	0.0	0	1	1.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		40	100.0		0	0.0		54	100.0		0	0.0		0	0.0		101	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing Assistance of		% Totally		Total	
		Daily Living (ADL)		One Or Two Staff		Dependent		Number of Residents	
Private Home/No Home Health	5.4	Bathing		73.3		26.7		101	
Private Home/With Home Health	2.7	Dressing		89.1		8.9		101	
Other Nursing Homes	4.8	Transferring		76.2		10.9		101	
Acute Care Hospitals	80.6	Toilet Use		85.1		8.9		101	
Psych. Hosp.-MR/DD Facilities	0.5	Eating		37.6		5.9		101	
Rehabilitation Hospitals	0.0	*****							
Other Locations	5.9								
Total Number of Admissions	186	Continence		% Special Treatments				%	
Percent Discharges To:		Indwelling Or External Catheter		6.9		Receiving Respiratory Care		6.9	
Private Home/No Home Health	29.3	Occ/Freq. Incontinent of Bladder		53.5		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health	3.3	Occ/Freq. Incontinent of Bowel		37.6		Receiving Suctioning		0.0	
Other Nursing Homes	3.3					Receiving Ostomy Care		2.0	
Acute Care Hospitals	28.3	Mobility				Receiving Tube Feeding		1.0	
Psych. Hosp.-MR/DD Facilities	0.5	Physically Restrained		5.9		Receiving Mechanically Altered Diets		28.7	
Rehabilitation Hospitals	0.0								
Other Locations	10.9	Skin Care				Other Resident Characteristics			
Deaths	24.5	With Pressure Sores		4.0		Have Advance Directives		100.0	
Total Number of Discharges		With Rashes		3.0		Medications			
(Including Deaths)	184					Receiving Psychoactive Drugs		56.4	

 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		97.1	84.7	1.15	85.7	1.13	85.3	1.14	85.1 1.14
Current Residents from In-County		94.1	81.6	1.15	81.9	1.15	81.5	1.15	76.6 1.23
Admissions from In-County, Still Residing		22.0	17.8	1.24	20.1	1.10	20.4	1.08	20.3 1.09
Admissions/Average Daily Census		187.9	184.4	1.02	162.5	1.16	146.1	1.29	133.4 1.41
Discharges/Average Daily Census		185.9	183.9	1.01	161.6	1.15	147.5	1.26	135.3 1.37
Discharges To Private Residence/Average Daily Census		60.6	84.7	0.72	70.3	0.86	63.3	0.96	56.6 1.07
Residents Receiving Skilled Care		99.0	93.2	1.06	93.4	1.06	92.4	1.07	86.3 1.15
Residents Aged 65 and Older		98.0	92.7	1.06	91.9	1.07	92.0	1.07	87.7 1.12
Title 19 (Medicaid) Funded Residents		39.6	62.8	0.63	63.8	0.62	63.6	0.62	67.5 0.59
Private Pay Funded Residents		53.5	21.6	2.48	22.1	2.42	24.0	2.23	21.0 2.54
Developmentally Disabled Residents		0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		33.7	29.3	1.15	37.0	0.91	36.2	0.93	33.3 1.01
General Medical Service Residents		19.8	24.7	0.80	21.0	0.94	22.5	0.88	20.5 0.97
Impaired ADL (Mean)		48.5	48.5	1.00	49.2	0.99	49.3	0.98	49.3 0.98
Psychological Problems		56.4	52.3	1.08	53.2	1.06	54.7	1.03	54.0 1.05
Nursing Care Required (Mean)		5.7	6.8	0.84	6.9	0.82	6.7	0.84	7.2 0.79